

# 2002 Rhode Island Behavioral Risk Factor Surveillance System

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HELLO, I'm calling for the (health department) and the Centers for Disease Control and Prevention. My name is (name) . We're gathering information on the health of (state) residents. Your phone number has been chosen randomly, and I'd like to ask some questions about health and health practices.

Is this (phone number)?      **If "no"**      Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time. **Stop**

Is this a private residence?      **If "no"**      Thank you very much, but we are only interviewing private residences. **Stop**

I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

\_\_\_\_\_ Number of adults

**If "1"** Are you the adult?

**If "yes"**      Then you are the person I need to speak with. **Enter 1 man or 1 women below (Ask gender if necessary). Go to page 2**

**If "no"**      Is the adult a man or a woman? **Enter 1 man or 1 women below.** May I speak with [**fill in (him/her) from previous question**]? **Go to "correct respondent" at bottom of page.**

How many of these adults are men and how many are women?

\_\_\_\_\_ Number of men

\_\_\_\_\_ Number of women

The person in your household that I need to speak with is \_\_\_\_\_.  
**{If "you," go to page 2}**

**To correct respondent:**      HELLO, I'm (name) calling for the Rhode Island Department of Health and the Centers for Disease Control and Prevention. We're gathering information on the health of (**state**) residents. Your phone number has been chosen randomly to be interviewed, and I'd like to ask some questions about health and health practices. I won't ask for your name, address, or other personal information that can identify you. You don't have to answer any question you don't want to, and you can end the interview at any time. The interview takes a short time and any information you give me will be confidential. If you have any questions about this survey, I will provide a telephone number for you to call to get more information.

## **Answering Machine/Privacy Manager Protocol**

Leave messages on the 4<sup>th</sup> and 9<sup>th</sup> attempts.

### **For Answering Machines:**

“Hi my name is \_\_\_\_\_. I am calling on behalf of the Rhode Island Department of Health. We are looking for some information from you. Please call us at ///center phone number/// at your convenience. Thanks.”

### **For Privacy Managers:**

If the message asks to identify who or what company is calling:

“We are calling on behalf of the Rhode Island Department of Health.”

If the message asks to enter a phone number:

Enter the call center’s toll free number.

## Section 1: Health Status

1.1. Would you say that in general your health is:

(72)

**[PLEASE READ]**

1            Excellent  
2            Very good  
3            Good  
4            Fair

**or**

5            Poor

**[DO NOT READ]**

7            Don't know/Not sure  
9            Refused

## Section 2: Health Care Access

- 2.1. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (73)

1	Yes
2	No
7	Don't know/Not sure
9	Refused

- 2.2. Do you have one person you think of as your personal doctor or health care provider? (74)

[IF “NO,” ASK “IS THERE MORE THAN ONE OR IS THERE NO PERSON WHO YOU THINK OF AS YOUR PERSONAL DOCTOR OR HEALTH CARE PROVIDER?”]

\*\*\*NAOMI – THE TEXT THAT IS UNDERLINED – WE HAVE PERMISSION FROM THE CDC TO ADD THESE LAST WORDS TO THE PROMPT\*\*\*\*]

1	Yes, only one
2	More than one
3	No
7	Don't know/Not sure
9	Refused

- 2.3. When you are sick or need advice about your health, to which one of the following places do you usually go? (75)

WOULD YOU SAY: [PLEASE READ]

1	A doctor's office
2	A public health clinic or community health center
3	A hospital outpatient department
4	A hospital emergency room
5	Urgent care center
6	Some other kind of place
8	No usual place

[DO NOT READ.]

7	Don't know
9	Refused

- 2.4. Was there a time in the past 12 months when you needed medical care, but could not get it? (76)

1	Yes	{Go to Q 2.5}
2	No	{Go to Next Section}
7	Don't know	{Go to Next Section}
9	Refused	{Go to Next Section}

2.5. What is the main reason you did not get medical care?

(77-78)

**[NOTE: IF MORE THAN ONE INSTANCE ASK ABOUT THE MOST RECENT.]**

**WOULD YOU SAY: [PLEASE READ]**

- |    |  |
|----|--|
| 01 | Cost <b>[Include no insurance]</b>             |
| 02 | Distance                                       |
| 03 | Office wasn't open when I could get there.     |
| 04 | Too long a wait for an appointment             |
| 05 | Too long a wait in waiting room                |
| 06 | No child-care                                  |
| 07 | No transportation                              |
| 08 | No access for people with disabilities         |
| 09 | The medical provider didn't speak my language. |
| 10 | Other  |

**[DO NOT READ.]**

- |    |                      |
|----|----------------------|
| 77 | Don't know/ Not sure |
| 99 | Refused              |

### Section 3: Exercise

- 3.1. During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?(79)

1	Yes
2	No
7	Don't know/Not sure
9	Refused

## Section 4: Fruits and Vegetables

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods you eat. Include all foods you eat, both at home and away from home.

4.1. How often do you drink fruit juices such as orange, grapefruit, or tomato? (80-82)

1__ __	Per day
2__ __	Per week
3__ __	Per month
4__ __	Per year
555	Never
777	Don't know/Not sure
999	Refused

4.2. Not counting juice, how often do you eat fruit? (83-85)

1__ __	Per day
2__ __	Per week
3__ __	Per month
4__ __	Per year
555	Never
777	Don't know/Not sure
999	Refused

4.3. How often do you eat green salad? (86-88)

1__ __	Per day
2__ __	Per week
3__ __	Per month
4__ __	Per year
555	Never
777	Don't know/Not sure
999	Refused

4.4. How often do you eat potatoes not including french fries, fried potatoes, or potato chips? (89-91)

1__ __	Per day
2__ __	Per week
3__ __	Per month
4__ __	Per year
555	Never
777	Don't know/Not sure
999	Refused



4.5. How often do you eat carrots?

(92-94)

1__ __	Per day
2__ __	Per week
3__ __	Per month
4__ __	Per year
555	Never
777	Don't know/Not sure
999	Refused

4.6. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat?

(95-97)

**[EXAMPLE: A SERVING OF VEGETABLES AT BOTH LUNCH AND DINNER WOULD BE TWO SERVINGS]**

1__ __	Per day
2__ __	Per week
3__ __	Per month
4__ __	Per year
555	Never
777	Don't know/Not sure
999	Refused

## Section 5: Asthma

5.1. Have you ever been told by a doctor or other health professional that you had asthma? (98)

1	Yes	
2	No	{Go to Next Section}
7	Don't know/Not sure	{Go to Next Section}
9	Refused	{Go to Next Section}

5.2. Do you still have asthma? (99)

1	Yes
2	No
7	Don't know/Not sure
9	Refused

## Section 6: Diabetes

6.1. Have you ever been told by a doctor that you have diabetes?

(100)

**[IF “YES” AND FEMALE, ASK “WAS THIS ONLY WHEN YOU WERE PREGNANT?”]**

- |   |  |
|---|--|
| 1 | Yes  |
| 2 | Yes, but female told only during pregnancy |
| 3 | No   |
| 7 | Don't know/Not sure                        |
| 9 | Refused                                    |

## Module 1: Diabetes

TO BE ASKED FOLLOWING CORE Q6.1 IF RESPONSE IS "YES" (Q6.1 = 1)

1. How old were you when you were told you have diabetes? (193-194)

_____	Code age in years [97 = 97 and older]
9 8	Don't know/Not sure
9 9	Refused

2. Are you now taking insulin? (195)

1	Yes
2	No
9	Refused

3. Are you now taking diabetes pills? (196)

1	Yes
2	No
7	Don't know/Not sure
9	Refused

- RI1\_1. Was there ever a time when you needed medication for your diabetes but couldn't afford it?

1	Yes
2	No
7	Don't know/Not sure
9	Refused

4. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional. (197-199)

1 _____	Times per day
2 _____	Times per week
3 _____	Times per month
4 _____	Times per year
888	Never
777	Don't know/Not sure
999	Refused

5. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a health professional. (200-202)

1	Times per day
2	Times per week
3	Times per month
4	Times per year
888	Never
555	No feet
777	Don't know/Not sure
999	Refused

6. Have you ever had any sores or irritations on your feet that took more than four weeks to heal? (203)

1	Yes
2	No
7	Don't know/Not sure
9	Refused

7. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (204-205)

—	Number of times [76 = 76 or more]
88	None
77	Don't know/Not sure
99	Refused

8. A test for hemoglobin "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for hemoglobin "A one C"? (206-207)

—	Number of times [76 = 76 or more]
88	None
98	Never heard of hemoglobin "A one C" test
77	Don't know/Not sure
99	Refused

{If "no feet" to Q5, go to Q10}

9. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (208-209)

—	Number of times [76 = 76 or more]
88	None
77	Don't know/Not sure
99	Refused

10. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light. (210)

**[READ ONLY IF NECESSARY]**

- |   |  |
|---|--|
| 1 | Within the past month (anytime less than 1 month ago)      |
| 2 | Within the past year (1 month but less than 12 months ago) |
| 3 | Within the past 2 years (1 year but less than 2 years ago) |
| 4 | 2 or more years ago  |
| 8 | Never  |
| 7 | Don't know/Not sure  |
| 9 | Refused  |

11. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (211)

- |   |                     |
|---|---------------------|
| 1 | Yes                 |
| 2 | No                  |
| 7 | Don't know/Not sure |
| 9 | Refused             |

12. Have you ever taken a course or class in how to manage your diabetes yourself? (212)

- |   |                     |
|---|---------------------|
| 1 | Yes                 |
| 2 | No                  |
| 7 | Don't know/Not sure |
| 9 | Refused             |

## State Added: Diabetes

RI1\_2. In the past 12 months, have you attended at least one diabetes education group session or a one-on-one counseling session with a diabetes educator, nurse, dietician, or pharmacist? (353)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

The diabetes patient record is a booklet the size of a credit card that is being given to people with diabetes by doctors, health plans, diabetes educators, and community agencies such as the Diabetes Foundation of Rhode Island.

RI1\_3. Have you received a diabetes patient record? (354)

Yes	1
No	<b>Go to 7.1</b> 2
DK	<b>Go to 7.1</b> 7
Refused	<b>Go to 7.1</b> 9

RI1\_4. Has the diabetes patient record been at all useful to you? (355)

Yes	1
No	2
DK	<b>Go to 7.1</b> 7
Refused	<b>Go to 7.1</b> 9

RI1\_5. Have you used it in any of these ways... (356)

To help you schedule how often you make appointments to see your health provider for routine diabetes visits and tests?

Yes	1
No	2
Don't know	7
Refused	9

RI1\_6. To help you remember which diabetes medications to take and when to take them? (357)

Yes	1
No	2
Don't know	7
Refused	9

RI1\_7. To contact diabetes resources in your community or in the state? (358)

Yes	1
No	2
Don't know	7
Refused	9

**{If RI1\_4 =1 and RI1\_5, RI1\_6, and RI1\_7 all = 2, 7, 9, ask RI1\_8, else go to next Section 7}**

RI1\_8. How have you found the diabetes patient record to be useful? (359)

Record Open-end	1
Don't know	7
Refused	9



## Section 7: Oral Health

7.1. How long has it been since you last visited a dentist or a dental clinic for any reason? (101)

**[INCLUDE VISITS TO DENTAL SPECIALISTS, SUCH AS ORTHODONTISTS]**

**[READ ONLY IF NECESSARY]**

- |   |   |
|---|---|
| 1 | Within the past year (anytime less than 12 months ago)      |
| 2 | Within the past 2 years (1 year but less than 2 years ago)  |
| 3 | Within the past 5 years (2 years but less than 5 years ago) |
| 4 | 5 or more years ago   |
| 7 | Don't know/Not sure   |
| 8 | Never   |
| 9 | Refused   |

7.2. How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics. (102)

**[INCLUDE TEETH LOST DUE TO "INFECTION"]**

- |   |                       |
|---|-----------------------|
| 1 | 1 to 5                |
| 2 | 6 or more but not all |
| 3 | All                   |
| 8 | None                  |
| 7 | Don't know/Not sure   |
| 9 | Refused               |

**{IF Q7.1 = 8/NEVER OR Q7.2 = 3/ALL, SKIP TO NEXT SECTION}**

7.3. How long has it been since you had your teeth cleaned by a dentist or dental hygienist? (103)

**[READ ONLY IF NECESSARY]**

- |   |   |
|---|---|
| 1 | Within the past year (anytime less than 12 months ago)      |
| 2 | Within the past 2 years (1 year but less than 2 years ago)  |
| 3 | Within the past 5 years (2 years but less than 5 years ago) |
| 4 | 5 or more years ago   |
| 7 | Don't know/Not sure   |
| 8 | Never   |
| 9 | Refused   |

## Section 8: Immunization

8.1. During the past 12 months, have you had a flu shot? (104)

- |   |                     |              |
|---|---------------------|--------------|
| 1 | Yes                 |              |
| 2 | No                  | {Go to Q8.3} |
| 7 | Don't know/Not sure | {Go to Q8.3} |
| 9 | Refused             | {Go to Q8.3} |

8.2. At what kind of place did you get your last flu shot? (105-106)

### WOULD YOU SAY: [READ ONLY IF NECESSARY]

- |    |  |
|----|--|
| 01 | A doctor's office or health maintenance organization |
| 02 | A health department                                  |
| 03 | Another type of clinic or health center              |
|    | <b>[Example: a community health center]</b>          |
| 04 | A senior, recreation, or community center            |
| 05 | A store <b>[Examples: supermarket, drug store]</b>   |
| 06 | A hospital or emergency room                         |
| 07 | Workplace  |
|    | <b>or</b>  |
| 08 | Some other kind of place                             |
| 77 | Don't know   |
| 99 | Refused  |

8.3. Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine. (107)

- |   |                     |
|---|---------------------|
| 1 | Yes                 |
| 2 | No                  |
| 7 | Don't know/Not sure |
| 9 | Refused             |

## Section 9: Tobacco Use

9.1. Have you smoked at least 100 cigarettes in your entire life? (108)

**[5 PACKS = 100 CIGARETTES]**

1	Yes	
2	No	{Go to Next Section}
7	Don't know/Not sure	{Go to Next Section}
9	Refused	{Go to Next Section}

9.2. Do you now smoke cigarettes every day, some days, or not at all? (109)

1	Every day	
2	Some days	
3	Not at all	{Go to Next Section}
9	Refused	{Go to Next Section}

9.3. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (110)

1	Yes
2	No
7	Don't know/Not sure
9	Refused

## Section 10: Alcohol Consumption

- 10.1. A drink of alcohol is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. During the past 30 days, how often have you had at least one drink of any alcoholic beverage? (111-113)

1	— — Days per week	
2	— — Days in past 30	
8 8 8	No drinks in past 30 days	{Go to Next Section}
7 7 7	Don't know/Not sure	{Go to Next Section}
9 9 9	Refused	{Go to Next Section}

- 10.2. On the days when you drank, about how many drinks did you drink on the average? (114-115)

— —	Number of drinks
77	Don't know/Not sure
99	Refused

- 10.3. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion? (116-117)

— —	Number of times
88	None
77	Don't know/Not sure
99	Refused

- 10.4. During the past 30 days, how many times have you driven when you've had perhaps too much to drink? (118-119)

— —	Number of times
88	None
77	Don't know/Not sure
99	Refused

## Section 11: Use of Seatbelts

11.1 How often do you use seatbelts when you drive or ride in a car?

(120)

- |   |                              |
|---|------------------------------|
| 1 | Always                       |
| 2 | Nearly always                |
| 3 | Sometimes                    |
| 4 | Seldom                       |
| 5 | Never                        |
|   |                              |
| 7 | Don't know/Not sure          |
| 8 | Never drive or ride in a car |
| 9 | Refused                      |

**[DO NOT READ]**

## Section 12: Demographics

12.1. What is your age? (121-122)

— —	Code age in years
07	Don't know/Not sure
09	Refused

12.2. Are you Hispanic or Latino? (123)

1	Yes
2	No
7	Don't know/Not sure
9	Refused

12.3. Which one or more of the following would you say is your race? (124)

**[PLEASE READ] [MARK ALL THAT APPLY]**

1	White
2	Black or African American
3	Asian
4	Native Hawaiian or Other Pacific Islander
5	American Indian, Alaska Native
<b>or</b>	
6	Other <b>[specify]</b> _____
8	No additional choices

**[DO NOT READ]**

7	Don't know/Not sure
9	Refused

**{If more than one response to Q12.3, continue. Otherwise, go to Q12.5}**

12.4. Which one of these groups would you say best represents your race? (125)

1	White
2	Black or African American
3	Asian
4	Native Hawaiian or Other Pacific Islander
5	American Indian, Alaska Native
6	Other <b>[specify]</b>
7	Don't know/Not sure
9	Refused

12.5. Are you: (126)

**[PLEASE READ]**

- |           |                                 |
|-----------|---------------------------------|
| 1         | Married                         |
| 2         | Divorced                        |
| 3         | Widowed                         |
| 4         | Separated                       |
| 5         | Never married                   |
| <b>or</b> |                                 |
| 6         | A member of an unmarried couple |

**[DO NOT READ]**

- |   |         |
|---|---------|
| 9 | Refused |
|---|---------|

12.6. How many children less than 18 years of age live in your household ? (127-128)

- |     |                    |
|-----|--------------------|
| ___ | Number of children |
| 88  | None               |
| 99  | Refused            |

**State Added: Children In Household**

If Q12.6 = 88 or 99 go to Q12.7

R12\_1. How many children live in your household who are...

**Please Read**

- |  |                             |         |       |
|--|-----------------------------|---------|-------|
| <b>Code 1-9</b><br><b>7 = 7 or more</b><br><b>8 = None</b><br><b>9 = Refused</b> | a. less than 5 years old?   | ___ (#) | (360) |
|  | b. 5 through 12 years old?  | ___ (#) | (361) |
|  | c. 13 through 17 years old? | ___ (#) | (362) |

**Program Consistency Check with Number of Children In 12.6**

12.7. What is the highest grade or year of school you completed? (129)

**[READ ONLY IF NECESSARY]**

- |   |  |
|---|--|
| 1 | Never attended school or only attended kindergarten          |
| 2 | Grades 1 through 8 (Elementary)                              |
| 3 | Grades 9 through 11 (Some high school)                       |
| 4 | Grade 12 or GED (High school graduate)                       |
| 5 | College 1 year to 3 years (Some college or technical school) |
| 6 | College 4 years or more (College graduate)                   |
| 9 | Refused  |

12.8. Are you currently:

(130)

**[PLEASE READ]**

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for more than 1 year
- 4 Out of work for less than 1 year
- 5 A Homemaker
- 6 A Student
- 7 Retired

**or**

- 8 Unable to work

**[DO NOT READ]**

- 9 Refused



12.9. Is your annual household income from all sources: (131-132)

**[READ AS APPROPRIATE]**

04	Less than \$25,000	If "no," ask 05; if "yes," ask 03 <b>(\$20,000 to less than \$25,000)</b>
03	Less than \$20,000	If "no," code 04; if "yes," ask 02 <b>(\$15,000 to less than \$20,000)</b>
02	Less than \$15,000	If "no," code 03; if "yes," ask 01 <b>(\$10,000 to less than \$15,000)</b>
01	Less than \$10,000	If "no," code 02
05	Less than \$35,000	If "no," ask 06 <b>(\$25,000 to less than \$35,000)</b>
06	Less than \$50,000	If "no," ask 07 <b>(\$35,000 to less than \$50,000)</b>
07	Less than \$75,000	If "no," code 08 <b>(\$50,000 to less than \$75,000)</b>
08	\$75,000 or more	

**[DO NOT READ]**

77	Don't know/Not sure
99	Refused

12.10. About how much do you weigh without shoes? (133-135)

\_\_\_ \_\_\_ \_\_\_ Weight  
pounds **[ROUND FRACTIONS UP]**  
777 Don't know/Not sure  
999 Refused

12.11. About how tall are you without shoes? (136-138)

\_\_\_/\_\_\_ \_\_\_ Height  
ft/inches **[ROUND FRACTIONS DOWN]**  
777 Don't know/Not sure  
999 Refused

12.12. What county do you live in? (139-141)

\_\_\_ \_\_\_ \_\_\_ FIPS county code  
777 Don't know/Not sure  
999 Refused

**State Added: Town**

RI3\_1 What city or town do you live in? (363-365)

See Attached town code list (same as in 2001)

Autocode to county.

12.13. Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. (142)

1	Yes	
2	No	{Go to Q12.15}
7	Don't know/Not sure	{Go to Q12.15}
9	Refused	{Go to Q12.15}

12.14. How many of these are residential numbers? (143)

___	Residential telephone numbers [6=6 or more]
7	Don't know/Not sure
9	Refused

12.15. Indicate sex of respondent. (144)

**[ASK ONLY IF NECESSARY]**

1	Male	{Go to Next Section}
2	Female	

**{If respondent 45 years old or older, go to Q13.1. }** (145)

12.16. To your knowledge, are you now pregnant?

1	Yes
2	No
7	Don't know/Not sure
9	Refused

## Section 13: Family Planning

**QUESTIONS ARE ASKED OF NON-PREGNANT FEMALES 18-44 YEARS OF AGE AND MALES 18-59 YEARS OF AGE.**

The next few questions ask about pregnancy and ways to prevent pregnancy.

- 13.1. Are you or your [if female, insert husband/partner; if male, insert wife/partner] doing anything now to keep [if female, insert “you”; insert “her” if male] from getting pregnant? Some things people do to keep from getting pregnant include not having sex at certain times, using birth control methods such as the pill, Norplant, shots or Depo-provera, condoms, diaphragm, foam, IUD, having their tubes tied, or having a vasectomy.

(146)

**[IF MULTIPLE PARTNERS, CONSIDER USUAL METHOD.]**

- |   |                                |                      |
|---|--------------------------------|----------------------|
| 1 | Yes                            |                      |
| 2 | No                             | {Go to 13.4}         |
| 3 | No partner/not sexually active | {Go to Next Section} |
| 4 | Same sex partner               | {Go to Next Section} |
| 7 | Don't know/Not sure            | {Go to Next Section} |
| 9 | Refused                        | {Go to Next Section} |

- 13.2. What are you or your [if female, insert husband/partner; if male, insert wife/partner] doing now to keep [if female, insert you; insert her if male] from getting pregnant?

(147-148)

**[INTERVIEWER: RECORD RESPONDENT'S CONDITION IF BOTH HAVE HAD STERILIZATION PROCEDURES]**

**[READ ONLY IF NECESSARY]**

- |    |  |                      |
|----|--|----------------------|
| 01 | Tubes tied (sterilization)               | {Go to Next Section} |
| 02 | Vasectomy (sterilization)                | {Go to Next Section} |
| 03 | Pill                                     |                      |
| 04 | Condoms                                  |                      |
| 05 | Foam, jelly, cream                       |                      |
| 06 | Diaphragm                                |                      |
| 07 | Norplant                                 |                      |
| 08 | IUD                                      |                      |
| 09 | Shots (Depo-Provera)                     |                      |
| 10 | Withdrawal                               |                      |
| 11 | Not having sex at certain times (rhythm) |                      |
| 12 | No partner/Not sexually active           | {Go to Next Section} |
| 13 | Other method(s)                          |                      |
| 77 | Don't know/not sure                      | {Go to Next Section} |
| 99 | Refused                                  | {Go to Next Section} |

13.3. What other method are you also using to prevent pregnancy?

(149-150)

**[READ ONLY IF NECESSARY]**

01	Tubes tied (sterilization)	{Go to Next Section}	
02	Vasectomy (sterilization)	{Go to Next Section}	
03	Pill	{Go to Next Section}	
04	Condoms	{Go to Next Section}	
05	Foam, jelly, cream	{Go to Next Section}	
06	Diaphragm	{Go to Next Section}	
07	Norplant	{Go to Next Section}	
08	IUD	{Go to Next Section}	
09	Shots (Depo-Provera)	{Go to Next Section}	
10	Withdrawal	{Go to Next Section}	
11	Not having sex at certain times (rhythm)	{Go to Next Section}	
12	No partner/Not sexually active	{Go to Next Section}	13 Other methods(s)
		{Go to Next Section}	87 NO other
method(s)	{Go to Next Section}		
77	Don't know/not sure	{Go to Next Section}	
99	Refused	{Go to Next Section}	

**{Go to Next Section}**

13.4. **{FEMALES}** What is your main reason for not doing anything to keep you from getting pregnant?

**{MALES}** What is your main reason for not doing anything to keep your partner from getting pregnant?

(151-152)

**[READ ONLY IF NECESSARY]**

01	Not sexually active/no partner
02	Didn't think was going to have sex/no regular partner
03	You want a pregnancy
04	You or your partner don't want to use birth control
05	You or your partner don't like birth control/fear side effects
06	You can't pay for birth control
07	Lapse in use of a method
08	Don't think you or your partner can get pregnant
09	You or your partner had tubes tied (sterilization)
10	You or your partner had a vasectomy (sterilization)
11	You or your partner had a hysterectomy
12	You or your partner are too old
13	You or your partner are currently breast-feeding
14	You or your partner just had a baby/postpartum
15	Other reason
16	Don't care if get pregnant
17	Same sex partner
18	Partner is pregnant now
77	Don't know/not sure
99	Refused

**{If respondent is male, Go to Next Section.}**

## **Section 14: Women's Health**

14.1. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (153)

- |   |                     |                      |
|---|---------------------|----------------------|
| 1 | Yes                 |                      |
| 2 | No                  | <b>{Go to Q14.3}</b> |
| 7 | Don't know/Not sure | <b>{Go to Q14.3}</b> |
| 9 | Refused             | <b>{Go to Q14.3}</b> |

14.2. How long has it been since you had your last mammogram? (154)

### **[READ ONLY IF NECESSARY]**

- |   |   |
|---|---|
| 1 | Within the past year (anytime less than 12 months ago)      |
| 2 | Within the past 2 years (1 year but less than 2 years ago)  |
| 3 | Within the past 3 years (2 years but less than 3 years ago) |
| 4 | Within the past 5 years (3 years but less 5 years ago)      |
| 5 | 5 or more years ago   |
| 7 | Don't know/Not sure   |
| 9 | Refused   |

14.3. A clinical breast exam is when a doctor or other health professional feels the breast for lumps. Have you ever had a clinical breast exam? (155)

- |   |                     |                      |
|---|---------------------|----------------------|
| 1 | Yes                 |                      |
| 2 | No                  | <b>{Go to Q14.5}</b> |
| 7 | Don't know/Not sure | <b>{Go to Q14.5}</b> |
| 9 | Refused             | <b>{Go to Q14.5}</b> |

14.4. How long has it been since your last breast exam? (156)

### **[READ ONLY IF NECESSARY]**

- |   |   |
|---|---|
| 1 | Within the past year (anytime less than 12 months ago)      |
| 2 | Within the past 2 years (1 year but less than 2 years ago)  |
| 3 | Within the past 3 years (2 years but less than 3 years ago) |
| 4 | Within the past 5 years (3 years but less than 5 years ago) |
| 5 | 5 or more years ago   |
| 7 | Don't know/Not sure   |
| 9 | Refused   |

14.5. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear? (157)

- |   |                     |               |
|---|---------------------|---------------|
| 1 | Yes                 |               |
| 2 | No                  | {Go to Q14.7} |
| 7 | Don't know/Not sure | {Go to Q14.7} |
| 9 | Refused             | {Go to Q14.7} |

14.6. How long has it been since you had your last Pap smear? (158)

**[READ ONLY IF NECESSARY]**

- |   |   |
|---|---|
| 1 | Within the past year (anytime less than 12 months ago)      |
| 2 | Within the past 2 years (1 year but less than 2 years ago)  |
| 3 | Within the past 3 years (2 years but less than 3 years ago) |
| 4 | Within the past 5 years (3 years but less than 5 years ago) |
| 5 | 5 or more years ago   |
| 7 | Don't know/Not sure   |
| 9 | Refused   |

{If response to Q 13.4 is 11 (had hysterectomy) or Q 12.16 is 1 (is pregnant) then {Go to Next Section}.}

14.7. Have you had a hysterectomy? (159)

**[A HYSTERECTOMY IS AN OPERATION TO REMOVE THE UTERUS (WOMB)]**

- |   |                     |
|---|---------------------|
| 1 | Yes                 |
| 2 | No                  |
| 7 | Don't know/Not sure |
| 9 | Refused             |

## Section 15: Prostate Cancer Screening

{If respondent is 39 years old or younger, or is female, go to Q16.1}

- 15.1. A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test? (160)

1	Yes	
2	No	{Go to Q15.3}
7	Don't Know/not sure	{Go to Q15.3}
9	Refused	{Go to Q15.3}

- 15.2. How long has it been since you had your last PSA test? (161)

[READ ONLY IF NECESSARY]

1	Within the past year (anytime less than 12 months ago)
2	Within the past 2 years (1 year but less than 2 years)
3	Within the past 3 years (2 years but less than 3 years)
4	Within the past 5 years (3 years but less than 5 years)
5	5 or more years ago
7	Don't know
9	Refused

- 15.3. A digital rectal exam is an exam in which a doctor or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam? (162)

1	Yes	
2	No	{Go to Q15.5}
7	Don't know/Not sure	{Go to Q15.5}
9	Refused	{Go to Q15.5}

- 15.4. How long has it been since your last digital rectal exam? (163)

1	Within the past year (anytime less than 12 months ago)
2	Within the past 2 years (1 year but less than 2 years)
3	Within the past 3 years (2 years but less than 3 years)
4	Within the past 5 years (3 years but less than 5 years)
5	5 or more years ago
7	Don't know/Not sure
9	Refused

15.5. Have you ever been told by a doctor or other health professional that you had prostate cancer?

(164)

- |   |                     |
|---|---------------------|
| 1 | Yes                 |
| 2 | No                  |
| 7 | Don't know/Not sure |
| 9 | Refused             |



## Section 16: Colorectal Cancer Screening

{If respondent 49 years old or younger, go to Q17.1}

- 16.1. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? (165)

1	Yes	
2	No	{Go to Q16.3}
7	Don't know/Not sure	{Go to Q16.3}
9	Refused	{Go to Q16.3}

- 16.2. How long has it been since you had your last blood stool test using a home kit? (166)

[READ ONLY IF NECESSARY]

1	Within the past year (anytime less than 12 months ago)
2	Within the past 2 years (1 year but less than 2 years ago)
3	Within the past 5 years (2 years but less than 5 years ago)
4	5 or more years ago
7	Don't know/Not sure
9	Refused

- 16.3. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the bowel for signs of cancer or other health problems. Have you ever had either of these exams? (167)

1	Yes	
2	No	{Go to Next Section}
7	Don't know/Not sure	{Go to Next Section}
9	Refused	{Go to Next Section}

- 16.4. How long has it been since you had your last sigmoidoscopy or colonoscopy? (168)

[READ ONLY IF NECESSARY]

1	Within the past year (anytime less than 12 months ago)
2	Within the past 2 years (1 year but less than 2 years ago)
3	Within the past 5 years (2 years but less than 5 years ago)
4	Within the past 10 years (5 years but less than 10 years ago)
5	10 or more years ago
7	Don't know/Not sure
9	Refused

## Section 17: HIV/AIDS

**{If respondent is 65 years old or older, Go to Next Section.}**

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

I'm going to read two statements about HIV, the virus that causes AIDS. After I read each one, please tell me whether you think it is true or false, or if you don't know.

17.1. A pregnant woman with HIV can get treatment to help reduce the chances that she will pass the virus on to her baby. (169)

- |   |                     |
|---|---------------------|
| 1 | True                |
| 2 | False               |
| 7 | Don't know/Not Sure |
| 9 | Refused             |

17.2. There are medical treatments available that are intended to help a person who is infected with HIV to live longer. (170)

- |   |                     |
|---|---------------------|
| 1 | True                |
| 2 | False               |
| 7 | Don't know/Not Sure |
| 9 | Refused             |

17.3. How important do you think it is for people to know their HIV status by getting tested? (171)

**WOULD YOU SAY: [PLEASE READ]**

- |           |                      |
|-----------|----------------------|
| 1         | Very important       |
| 2         | Somewhat important   |
| <b>or</b> |                      |
| 3         | Not at all important |

**[DO NOT READ]**

- |   |                     |         |
|---|---------------------|---------|
| 8 | Depends on risk     |         |
| 7 | Don't know/Not sure |         |
| 8 | Depends on risk9    | Refused |

17.4. Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. (172)

**[INCLUDE SALIVA TESTS]**

- |   |                     |               |
|---|---------------------|---------------|
| 1 | Yes                 |               |
| 2 | No                  | {Go to Q17.8} |
| 7 | Don't know/Not sure | {Go to Q17.8} |

17.5. Not including blood donations, in what month and year was your last HIV test? (173-178)

**[INTERVIEWER NOTE: IF RESPONSE IS BEFORE JANUARY 1985 CODE "DON'T KNOW".]**

**[INCLUDE SALIVA TESTS]**

___/___	Code month and year
777777	Don't know/Not sure
99999 9	Refused

17.6. I am going to read you a list of reasons why some people have been tested for HIV. Not including blood donations, which of these would you say was the MAIN reason for your last HIV test? (179-180)

**[PLEASE READ]**

___	Reason code
01	It was required
02	Someone suggested you should be tested
03	You thought you may have gotten HIV through sex or drug use
04	You just wanted to find out whether you had HIV
05	You were worried that you could give HIV to someone
06	<b>IF FEMALE:</b> You were pregnant
07	It was done as part of a routine medical check-up
08	Or you were tested for some other reason

**[DO NOT READ]**

7 7	Don't Know/Not Sure
9 9	Refused

17.7. Where did you have your last HIV test—at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at home, or somewhere else? (181-182)

___	Facility code
01	Private doctor or HMO
02	Counseling and testing site
03	Hospital
04	Clinic
05	In a jail or prison (or other correctional facility)
06	Home
07	Somewhere else

**[DO NOT READ]**

7 7	Don't Know/Not Sure
9 9	Refused

17.8 I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You don't need to tell me which one. (183)

You have used intravenous drugs in the past year  
You have been treated for a sexually transmitted or venereal disease in the past year  
You have given or received money or drugs in exchange for sex in the past year  
You had anal sex without a condom in the past year

Do any of these situations apply to you?

1	Yes
2	No
7	Don't Know/Not Sure
9	Refused

The next question is about sexually transmitted diseases other than HIV, such as syphilis, gonorrhea, chlamydia, or genital herpes.

17.9 In the past 12 months has a doctor or other health professional talked to you about preventing sexually transmitted diseases through condom use? (184)

1	Yes
2	No
7	Don't Know/Not Sure
9	Refused

## Section 18: Firearms

The next three questions are about firearms. We are asking these in a health survey because of our interest in firearm-related injuries.

Please include weapons such as pistols, shotguns, and rifles; but not BB guns, starter pistols, or guns that cannot fire. Include those kept in a garage, outdoor storage area, or motor vehicle.

18.1 Are any firearms kept in or around your home? (185)

- |   |                     |                       |
|---|---------------------|-----------------------|
| 1 | Yes                 |                       |
| 2 | No                  | {Go to next section}  |
| 7 | Don't Know/Not Sure | {Go to next section } |
| 9 | Refused             | {Go to next section } |

18.2. Are any of these firearms now loaded? (186)

- |   |                     |                       |
|---|---------------------|-----------------------|
| 1 | Yes                 |                       |
| 2 | No                  | {Go to next section } |
| 7 | Don't know/Not sure | {Go to next section } |
| 9 | Refused             | {Go to next section } |

18.3 Are any of these loaded firearms also unlocked? By “unlocked” we mean you do not need a key or combination to get the gun or to fire it. We don't count a safety as a lock. (187)

- |   |                     |
|---|---------------------|
| 1 | Yes                 |
| 2 | No                  |
| 7 | Don't Know/Not Sure |
| 9 | Refused             |

## Module 5: Healthy Days - Health-Related Quality of Life

EARLIER, I ASKED YOU TO RATE YOUR GENERAL HEALTH AS EXCELLENT, VERY GOOD, GOOD, FAIR, OR POOR.

1. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (226-227)

—	Number of days
88	None
77	Don't know/Not sure
99	Refused

2. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (228-229)

—	Number of days
88	None {If Q1 also "None", skip to next module}
77	Don't know/Not sure
99	Refused

3. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (230-231)

—	Number of days
88	None
77	Don't know/Not sure
99	Refused

## Module 6: Quality of Life

1. Are you limited in any way in any activities because of physical, mental, or emotional problems? (232)

1	Yes
2	No
7	Don't know/Not sure
9	Refused

2. Do you now have any health problem that requires you to use special equipment, such as a cane, a wheel chair, a special bed, or a special telephone? (233)

**[INCLUDE OCCASIONAL USE OR USE IN CERTAIN CIRCUMSTANCES]**

1	Yes
2	No
7	Don't know/Not sure
9	Refused

**{If "yes" to Q1 or "yes" to Q2, continue. Otherwise go to Q7.}**

3. What is your major impairment or health problem? (234-235)

**[READ ONLY IF NECESSARY]**

—	Reason Code
0 1	Arthritis/rheumatism
0 2	Back or neck problem
0 3	Fractures, bone/joint injury
0 4	Walking problem
0 5	Lung/breathing problem
0 6	Hearing problem
0 7	Eye/vision problem
0 8	Heart problem
0 9	Stroke problem
1 0	Hypertension/high blood pressure
1 1	Diabetes
1 2	Cancer
1 3	Depression/anxiety/emotional problem
1 4	Other impairment/problem
7 7	Don't know/Not sure
9 9	Refused

4. For how long have your activities been limited because of your major impairment or health problem? (236-238)

1__	Days
2__	Weeks
3__	Months
4__	Years
7 7 7	Don't know/Not Sure
9 9 9	Refused

5. Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house? (239)

1	Yes
2	No
7	Don't know/Not sure
9	Refused

6. Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? (240)

1	Yes
2	No
7	Don't know/Not sure
9	Refused

7. During the past 30 days, for about how many days did pain make it hard for you to do your usual activities, such as self-care, work, or recreation? (241-242)

__	Number of days
8 8	None
7 7	Don't know/Not sure
9 9	Refused

8. During the past 30 days, for about how many days have you felt sad, blue, or depressed? (243-244)

__	Number of days
8 8	None
7 7	Don't know/Not sure
9 9	Refused



9. During the past 30 days, for about how many days have you felt worried, tense, or anxious? (245-246)

_____	Number of days
8 8	None
7 7	Don't know/Not sure
9 9	Refused

10. During the past 30 days, for about how many days have you felt you did not get enough rest or sleep? (247-248)

_____	Number of days
8 8	None
7 7	Don't know/Not sure
9 9	Refused

11. During the past 30 days, for about how many days have you felt very healthy and full of energy? (249-250)

_____	Number of days
8 8	None
7 7	Don't know/Not sure
9 9	Refused

## Module 8: Adult Asthma History

{If "yes" to core Q5.1, continue., else go to next section}

Previously you said you were told by a doctor or other health professional that you had asthma.

1. How old were you when you were first told by a doctor or other health professional that you had asthma? (255-256)

—	Age in years	11 or older [ <b>96 = 96 and older</b> ]
97	Age 10 or younger	
98	Don't know/Not sure	
99	Refused	

{If "yes" to core Q5.2, continue. , else go to next section }

2. During the past 12 months, have you had an episode of asthma or an asthma attack? (257)

1	Yes
2	No
7	Don't know/Not sure
9	Refused

3. During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma? (258-259)

—	Number of visits [ <b>87 = 87 or more</b> ]
88	None
98	Don't know/Not sure
99	Refused

4. [If one or more visits to Q3, fill in (Besides those emergency room visits,)] During the past 12 months, how many times did you see a doctor or other health professional for urgent treatment of worsening asthma symptoms? (260-261)

—	Number of visits [ <b>87 = 87 or more</b> ]
88	None
98	Don't know/Not sure
99	Refused

5. During the past 12 months, how many times did you see a doctor or other health professional for a routine checkup for your asthma? (262-263)

—	Number of visits [ <b>87 = 87 or more</b> ]
88	None
98	Don't know/Not sure
99	Refused

6. During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma? (264-266)

—	Number of days
8 8 8	None
7 7 7	Don't know/Not sure
9 9 9	Refused

7. Symptoms of asthma include cough, wheezing, shortness of breath, chest tightness and phlegm production when you don't have a cold or respiratory infection. During the past 30 days, how often did you have any symptoms of asthma? (267)

Would you say: **[PLEASE READ]**

8	Not at any time	<b>{Go to Q9}</b>
1	Less than once a week	
2	Once or twice a week	
3	More than 2 times a week, but not every day	
4	Every day, but not all the time	
<b>or</b>		
5	Every day, all the time	

**[DO NOT READ]**

7	Don't know/Not sure
9	Refused

8. During the past 30 days, how many days did symptoms of asthma make it difficult for you to stay asleep? (268)

Would you say: **[PLEASE READ]**

8	None
1	One or two
2	Three to four
3	Five
4	Six to ten
<b>or</b>	
5	More than ten

**[DO NOT READ]**

7	Don't know/Not sure
9	Refused

9. During the past 30 days how often did you take asthma medication that was prescribed or given to you by a doctor? This includes using an inhaler. (269)

Would you say: **[PLEASE READ]**

- |           |   |
|-----------|---|
| 8         | Didn't take any                             |
| 1         | Less than once a week                       |
| 2         | Once or twice a week                        |
| 3         | More than 2 times a week, but not every day |
| 4         | Once every day                              |
| <b>or</b> |   |
| 5         | 2 or more times every day                   |

**[DO NOT READ]**

- |   |                     |
|---|---------------------|
| 7 | Don't know/Not sure |
| 9 | Refused             |

## State Added: Asthma

Asked of people who respond yes to both core 5.1 and 5.2

RI4\_1. Do you use one or more inhalers for your asthma? (366)

- |   |  |
|---|--|
| 1 | Yes {Go to RI4_2}                                      |
| 2 | No {Go to next section: Childhood Asthma}              |
| 7 | Don't know/Not sure {Go to next sec: Childhood Asthma} |
| 9 | Refused {Go to next section: Childhood Asthma}         |

One type of inhaler people with asthma may have is a "maintenance" or "controller" inhaler which is used once or twice daily to prevent asthma attacks from happening.

**[SOME COMMON MAINTENANCE INHALERS INCLUDE FLOWVENT VANCERIL, BECLOVENT, ASMACORT, AEROBID, AND PULMICORT]**

RI4\_2. Do you use a maintenance or controller inhaler? (367)

- |   |                                   |
|---|-----------------------------------|
| 1 | Yes {Go to RI4_3}                 |
| 2 | No {Go to RI4_5}                  |
| 7 | Don't know/Not sure {Go to RI4_5} |
| 9 | Refused {Go to RI4_5}             |

RI4\_3. A spacer is a tube you use with an inhaler to make sure you inhale the right amount of medicine. Do you have a spacer? (368)

- |   |                     |
|---|---------------------|
| 1 | Yes                 |
| 2 | No                  |
| 7 | Don't know/Not sure |
| 9 | Refused             |

RI4\_4. A peak flow meter is a small device that measures how well you are breathing. Do you have a peak flow meter? (369)

- |   |                     |
|---|---------------------|
| 1 | Yes                 |
| 2 | No                  |
| 7 | Don't know/Not sure |
| 9 | Refused             |

RI4\_5. Do you have a written management or action plan for your asthma? (370)

**[IF NEEDED: A WRITTEN MANAGEMENT PLAN FOR ASTHMA MAY ALSO BE CALLED AN "ASTHMA ACTION PLAN". IT IS A SET OF INSTRUCTIONS FROM A DOCTOR ABOUT HOW TO SELF-MANAGE ASTHMA. ]**

- |   |                     |
|---|---------------------|
| 1 | Yes                 |
| 2 | No                  |
| 7 | Don't know/Not sure |
| 9 | Refused             |

## Module 9: Childhood Asthma

{If "no children" to core Q12.6, go to next module}

1. Earlier you said there were {fill in number from core Q12.6} children age 17 or younger living in your household. How many of these children have ever been diagnosed with asthma? (270-271)

—	Number of children	
88	None	{Go to next module}
77	Don't know	{Go to next module}
99	Refused	{Go to next module}

2. {Fill in (Does this child/How many of these children) from Q1} still have asthma? (272-273)

[IF ONLY ONE CHILD FROM Q1 AND RESPONSE IS "YES" TO Q2, CODE '01'. IF RESPONSE IS "NO" CODE '88'.]

—	Number of children
88	None
77	Don't know
99	Refused

## Module 14: Tobacco Indicators

{If "yes" to core Q9.1, continue. Otherwise, go to Q6}

Previously you said you have smoked cigarettes.

1. How old were you the first time you smoked a cigarette, even one or two puffs? (321-322)

— —	Code age in years
77	Don't know/Not sure
99	Refused

2. How old were you when you first started smoking cigarettes regularly? (323-324)

— —	Code age in years	
88	Never smoked regularly	{Go to Q6}
77	Don't know/Not sure	
99	Refused	

{If "refused" to core Q9.2, go to Q6}

{If "not at all" to core Q9.2, continue. Otherwise, go to Q4.}

3. About how long has it been since you last smoked cigarettes regularly? (325-326)

### [READ ONLY IF NECESSARY]

0 1	Within the past month (anytime less than 1 month ago)	
		{Continue to Q4}
0 2	Within the past 3 months (1 month but less than 3 months ago)	{Continue to Q4}
0 3	Within the past 6 months (3 months but less than 6 months ago)	{Continue to Q4}
0 4	Within the past year (6 months but less than 1 year ago)	{Continue to Q4}
0 5	Within the past 5 years (1 year but less than 5 years ago)	{Go to Q6}
0 6	Within the past 10 years (5 years but less than 10 years ago)	{Go to Q6}
0 7	10 or more years ago	{Go to Q6}
7 7	Don't know/Not sure	{Go to Q6}
9 9	Refused	{Go to Q6}

4. In the past 12 months, have you seen a doctor or other health professional to get any kind of care for yourself? (327)

1	Yes	
2	No	{Go to Q6}
7	Don't know/Not sure	{Go to Q6}
9	Refused	{Go to Q6}

5. In the past 12 months, has a doctor or other health professional advised you to quit smoking?(328)

1	Yes
2	No
7	Don't know/Not sure
9	Refused

6. Which statement best describes the rules about smoking inside your home? (329)

**[PLEASE READ]**

1	Smoking is not allowed anywhere inside your home
2	Smoking is allowed in some places or at some times
3	Smoking is allowed anywhere inside the home
	<b>or</b>
4	There are no rules about smoking inside the home

**[DO NOT READ]**

7	Don't know/Not sure
9	Refused

**{If "employed" or "self-employed" to core Q12.8, continue. Otherwise, go to next module.}**

7. While working at your job, are you indoors most of the time?(330)

1	Yes	
2	No	{Go to next module}
7	Don't Know/Not Sure	{Go to next module}
9	Refused	{Go to next module}



8. Which of the following best describes your place of work's official smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunch rooms? Would you say smoking is... (331)

**[FOR WORKERS WHO VISIT CLIENTS, "PLACE OF WORK" MEANS THEIR BASE LOCATION]**

**[PLEASE READ]**

- |                    |                                 |
|--------------------|---------------------------------|
| 1                  | Not allowed in any public areas |
| 2                  | Allowed in some public areas    |
| 3                  | Allowed in all public areas     |
| <b>or there is</b> |                                 |
| 4                  | No official policy              |

**[DO NOT READ]**

- |   |                     |
|---|---------------------|
| 7 | Don't know/Not sure |
| 9 | Refused             |

9. Which of the following best describes your place of work's official smoking policy for work areas? ? Would you say smoking is... (332)

**[PLEASE READ]**

- |                    |                               |
|--------------------|-------------------------------|
| 1                  | Not allowed in any work areas |
| 2                  | Allowed in some work areas    |
| 3                  | Allowed in all work areas     |
| <b>or there is</b> |                               |
| 4                  | No official policy            |

**[DO NOT READ]**

- |   |                     |
|---|---------------------|
| 7 | Don't know/Not sure |
| 9 | Refused             |

## Module 16: Arthritis Module

1. The next questions refer to your joints. Please do NOT include the back or neck. DURING THE PAST 30 DAYS, have you had any symptoms of pain, aching, or stiffness in or around a joint? (341)

1	Yes	
2	No	{Go to Q4}
7	Don't Know/Not Sure	{Go to Q4}
9	Refused	{Go to Q4}

2. Did your joint symptoms FIRST begin more than 3 months ago? (342)

1	Yes
2	No
7	Don't Know/Not Sure
9	Refused

3. Have you ever seen a doctor or other health professional for these joint symptoms? (343)

1	Yes
2	No
7	Don't Know/Not Sure
9	Refused

4. Have you **EVER** been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (344)

1	Yes
2	No
7	Don't Know/Not Sure
9	Refused

### INTERVIEWER NOTE: ARTHRITIS DIAGNOSES INCLUDE

- \* rheumatism, polymyalgia rheumatica
- \* osteoarthritis (not osteoporosis)
- \* tendonitis, bursitis, bunion, tennis elbow
- \* carpal tunnel syndrome, tarsal tunnel syndrome
- \* joint infection, Reiter's syndrome
- \* ankylosing spondylitis; spondylosis
- \* rotator cuff syndrome
- \* connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
- \* vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)

{IF EITHER Q1 = 1 OR Q4 = 1 THEN CONTINUE. OTHERWISE, {GO TO NEXT SECTION}.}

5. Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (345)

- |   |                     |
|---|---------------------|
| 1 | Yes                 |
| 2 | No                  |
| 7 | Don't Know/Not Sure |
| 9 | Refused             |

Note: If a respondent question arises about medication, then the interviewer should reply: "Please answer the question based on how you are when you are taking any of the medications or treatments you might use."

{If age is between 18-64 continue, otherwise {Go to Next Section}.}

6. In this next question we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do?(346)

- |   |                     |
|---|---------------------|
| 1 | Yes                 |
| 2 | No                  |
| 7 | Don't Know/Not Sure |
| 9 | Refused             |

## State Added: Arthritis

Ask section only if mod 16\_4 = 1 (they have arthritis)

Please tell me if you are doing any of the following for your arthritis.

RI5\_1 Are you exercising to help your arthritis? (371)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

RI5\_2 Are you trying to lose weight to help your arthritis? (372)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

RI5\_3 Are you taking medication for your arthritis? (373)

Yes	1
No	<b>Go to RI5_5</b> 2
Don't know/Not sure	<b>Go to RI5_5</b> 7
Refused	<b>Go to RI5_5</b> 9

RI5\_4 Was it prescribed by a doctor or nurse practitioner? (374)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

RI5\_5 Are you seeing an arthritis specialist for your arthritis? (375)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

RI5\_6 Have you had joint replacement surgery? (376)

Yes	<b>Go to RI5_8</b>	1
No		2
Don't know/Not sure	<b>Go to RI5_8</b>	7
Refused	<b>Go to RI5_8</b>	9

RI5\_7 Are you planning to have joint surgery? (377)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

RI5\_8 Have you enrolled in an arthritis self-help program? (378)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

## State Added: Knowledge Assessment About Arthritis

{Ask of everyone}

RI6\_1 Do you think a person can prevent or reduce the symptoms of arthritis?

(379)

Yes	1
No {Go to next section: Healthcare Coverage}	2
Don't know/Not sure {Go to next section: Healthcare Coverage}	7
Refused {Go to next section: Healthcare Coverage}	9

RI6\_2 What do you think works? Would you say...

	<u>Yes</u>	<u>No</u>	<u>Don't know</u>	<u>Refused</u>	
{Rotate a-d}					
a. Taking medication?	1	2	7	9	(380)
b. Seeing an arthritis specialist?	1	2	7	9	(381)
c. Regular exercise?	1	2	7	9	(382)
d. Losing excess weight?	1	2	7	9	(383)

## State Added: Health Care Coverage

{IF 2.1= 1, ask RI7\_1}

{IF 2.1 = 2, 7, or 9, GO TO RI7\_2}

RI7\_1 INTRO: Earlier you said you have health care coverage.

RI7\_1. What type of health care coverage do you use to pay for most of your medical care?

(384-385)

Is it coverage through:

Coverage Code    \_\_ \_\_

**PLEASE READ**

Your employer	0 1
Someone else's employer	0 2
A plan that you or someone else buys on your own	0 3
Medicare	0 4
Medicaid or Medical Assistance	0 5
Rite Care	06
The military, CHAMPUS or TriCare, or the VA	07
The Indian Health Service [or the Alaska Native Health Service]	08
Or	
Some other source	09

**DO NOT READ**

None	8 8
Don't know/Not sure	7 7
Refused	9 9

{ }

IF RI7\_1 = 88, GO TO RI7\_3. ALL OTHERS GO TO NEXT SECTION

RI7\_2 INTRO: Earlier you said you do not have health care coverage or weren't sure you had health care coverage.

RI7\_2. There are some types of coverage you may not have considered. Please tell me if you have any of the following:

(386-387)

**[IF MORE THAN ONE, ASK "WHICH TYPE DO YOU USE TO PAY FOR MOST OF YOUR MEDICAL CARE?"]**

Is it coverage through:

Coverage Code    \_\_ \_\_

**[PLEASE READ]**

Your employer	0 1
Someone else's employer	0 2
A plan that you or someone else buys on your own	0 3
Medicare	0 4
Medicaid or Medical Assistance	0 5
Rite Care	06
The military, CHAMPUS or TriCare, or the VA	07
The Indian Health Service [or the Alaska Native Health Service]	08
or	
Some other source	09

**[DO NOT READ]**

None	8 8
Don't know/Not sure	7 7
Refused	9 9

IF RI7\_2 = 88, GO TO RI7\_3. ALL OTHERS GO TO NEXT SECTION

RI7\_3. What is the main reason you are without health care coverage?

(389-390)

**[READ ONLY IF NECESSARY]**

Lost job or changed employers	0 1
Spouse or parent lost job or changed employers [includes any person who had been providing insurance prior to job loss or change]	0 2
Became divorced or separated	0 3
Spouse or parent died	0 4
Became ineligible because of age or because left school	0 5
Employer doesn't offer or stopped offering coverage	0 6
Cut back to part time or became temporary employee	0 7
Benefits from employer or former employer ran out	0 8
Couldn't afford to pay the premiums	0 9
Insurance company refused coverage	1 0
Lost Medicaid or Medical Assistance eligibility	1 1
Other	8 8
Don't know/Not sure	7 7
Refused	9 9





## State Added: Health Care Utilization

RI8\_1. About how long has it been since you last visited a doctor for a routine checkup?

(395)

**[READ ONLY IF NECESSARY]**

**[A ROUTINE CHECKUP IS A GENERAL PHYSICAL EXAM FOR A SPECIFIC INJURY, ILLNESS, OR CONDITION]**

Within the past year (anytime less than 1 year ago)	1
Within the past 2 years (1 year but less than 2 years ago)	2
Within the past 5 years (2 years but less than 5 years ago)	3
5 or more years ago	4
Don't know/Not sure	7
Never	8
Refused	9

## State Added: Children's Health Care Coverage

{If Q12.6 = 88 or 99 go to next section: Oral Health}

Earlier you said that there was/were {Fill in response from Q12.6} in your household under the age of 18.

RI9\_1. How many of these children / Is this child covered by any kind of health care plan, such as health insurance, prepaid plans such as HMOs (health maintenance organizations), or government plans such as Medicare, Medicaid, or Rite Care? (397-398)

If only 1 child	0 1
Enter number of children if more than 1	- -
Don't Know/Not Sure <b>Go to NEXT SECTION: Oral Health</b>	7 7
Refused <b>Go to next section: Oral Health</b>	9 9

## State Added: Oral Health

Earlier you said you have or have not been to the dentist in the past year

{If Q7.1 or Q7.3=1 Go to RI10\_2}

RI10\_1. What is the main reason you have not visited the dentist in the past year?

(400-401)

### [READ ONLY IF NECESSARY]

Fear, apprehension, nervousness, pain, dislike going	01
Cost	02
Do not have/know a dentist	03
Cannot get to the office/clinic (too far away, no transportation, no appointments available)	04
No reason to go (no problems, no teeth)	05
Other priorities	06
Have not thought of it	07
Other	08
Don't know/Not sure	77
Refused	99

RI10\_2. Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicaid?

(402)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

## State Added: Depression and Depression Treatment

Now I have some questions about a specific aspect of your health.

RI11\_1. During the past 12 months, was there ever a time when you felt sad, blue, or depressed for 2 weeks or more in a row? (403)

- |   |   |
|---|---|
| 1 | Yes {Go to RI11_2}                                  |
| 2 | No {Go to Next Section: Own/Rent Home}              |
| 7 | Don't know/Not sure {Go to Next Sec: Own/Rent Home} |
| 9 | Refused {Go to Next Section: Own/Rent Home}         |

RI11\_2. For the next few questions, please think of the two-week period during the past 12 months when these feelings were worst. During that time, did the feeling of being sad, blue, or depressed usually last all day long, most of the day, about half the day, or less than half the day? (404)

- |   |                        |
|---|------------------------|
| 1 | All day long           |
| 2 | Most of the day        |
| 3 | About half the day     |
| 4 | Less than half the day |
| 7 | Don't know/Not sure    |
| 9 | Refused                |

RI11\_3. Did you feel this way every day, almost every day, or less often during those two weeks? (405)

- |   |                     |
|---|---------------------|
| 1 | EVERY DAY           |
| 2 | ALMOST EVERY DAY    |
| 3 | LESS OFTEN          |
| 7 | Don't know/Not sure |
| 9 | Refused             |

RI11\_4. During those two weeks, did you lose interest in most things? (406)

- |   |                     |
|---|---------------------|
| 1 | Yes                 |
| 2 | No                  |
| 7 | Don't know/Not sure |
| 9 | Refused             |

RI11\_5. (During those two weeks) Did you feel tired out or low energy all the time? (407)

- |   |                     |
|---|---------------------|
| 1 | Yes                 |
| 2 | No                  |
| 7 | Don't know/Not sure |
| 9 | Refused             |

RI11\_6. (During those two weeks) Did you gain weight, lose weight, or stay about the same? (408)

- |   |   |
|---|---|
| 1 | GAINED WEIGHT                               |
| 2 | LOST WEIGHT                                 |
| 3 | BOTH GAINED AND LOST                        |
| 4 | STAYED THE SAME {Go to RI11_8}              |
| 5 | WAS ON DIET (If volunteered) {Go to RI11_8} |
| 7 | Don't Know/Not sure {Go To RI11_8}          |
| 9 | Refused {Go to RI11_8}                      |

RI11\_7. About how much did you (gain/lose?) (409-411)

- |     |                     |
|-----|---------------------|
| 777 | Don't know/Not sure |
| 999 | Refused             |

RI11\_8. (During those two weeks) Did you have more trouble falling asleep than you usually do? (412)

- |   |                                     |
|---|-------------------------------------|
| 1 | Yes                                 |
| 2 | No {Go to RI11_10}                  |
| 7 | Don't know/Not sure {Go to RI11_10} |
| 9 | Refused {Go to RI11_10}             |

RI11\_9. Did that happen every night, nearly every night, or less often during those two weeks? (413)

- |   |                     |
|---|---------------------|
| 1 | EVERY NIGHT         |
| 2 | NEARLY EVERY NIGHT  |
| 3 | LESS OFTEN          |
| 7 | Don't know/Not sure |
| 9 | Refused             |

RI11\_10. (During those two weeks) Did you have more trouble concentrating than usual? (414)

- |   |                     |
|---|---------------------|
| 1 | Yes                 |
| 2 | No                  |
| 7 | Don't know/Not sure |
| 9 | Refused             |

RI11\_11. At these times, people sometimes feel down on themselves, no good, worthless. (During those two weeks)  
Did you feel this way? (415)

- |   |                     |
|---|---------------------|
| 1 | Yes                 |
| 2 | No                  |
| 7 | Don't know/Not sure |
| 9 | Refused             |

RI11\_12. (During those two weeks) Did you think a lot about death-- either your own, someone else's or death in general? (416)

1	Yes
2	No
7	Don't know/Not sure
9	Refused

**{IF YES TO RI11\_1 GO TO RI11\_13, OTHERWISE GO TO NEXT SECTION}**

Now we have some questions about medical treatments you may have had as an outpatient or in a hospital.

RI11\_13. Have you received treatment for psychological problems or emotional difficulties at a mental health clinic or by a mental health professional on an outpatient basis in the past 12 months? (417)

1	Yes
2	No
7	Don't know/Not sure
9	Refused

RI11\_14. During the past 12 months, how many different times have you stayed overnight or longer in a hospital to receive treatment for psychological or emotional difficulties? (418-419)

__ __	NUMBER OF OVERNIGHT PSYCHIATRIC STAYS
88	NONE
77	Don't know/Not sure
99	Refused

## State Added: Own/Rent Home

RI12\_1. Do you own or rent the house or apartment where you currently live?

( 420)

- |   |                     |
|---|---------------------|
| 1 | Own                 |
| 2 | Rent                |
| 7 | Don't know/Not sure |
| 9 | Refused             |



## State Added: Household Moisture

RI13\_1. During the past 12 months, has there been water or dampness in the apartment/house where you live caused by broken pipes, leaks, heavy rain, or floods? ( 421)

- |   |                                    |
|---|------------------------------------|
| 1 | Yes {Go to RI13_2}                 |
| 2 | No {Go to RI13_3}                  |
| 7 | Don't know/Not sure {Go to RI13_3} |
| 9 | Refused {Go to RI13_3}             |

RI13\_2. Has this happened more than once in the past 12 months? ( 422)

- |   |                     |
|---|---------------------|
| 1 | Yes                 |
| 2 | No                  |
| 7 | Don't know/Not sure |
| 9 | Refused             |

RI13\_3. Does the apartment/house where you live frequently have a mildew odor or musty smell? ( 423)

- |   |                     |
|---|---------------------|
| 1 | Yes                 |
| 2 | No                  |
| 7 | Don't know/Not sure |
| 9 | Refused             |

## State Added: Household Tobacco Exposure

RI14\_1. Does anyone smoke regularly inside your house or apartment?

( 424)

- |   |                     |
|---|---------------------|
| 1 | Yes                 |
| 2 | No                  |
| 7 | Don't know/Not sure |
| 9 | Refused             |

## State Added: Sexual Behavior

{If respondent 50 years old or older, go to next module.}

The next questions are about your sexual behavior. By sex we mean oral, vaginal, or anal sex, but NOT masturbation. When we talk about condoms, we mean both male as well as female condoms. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

RI15\_1. During the past 12 months, with how many people have you had sexual intercourse? (425-426)

Number [76 = 76 or more]		— —
None {Go to Closing Statement}	8 8	
Don't know/Not sure		7 7
Refused		9 9

RI15\_2. Was a condom used the last time you had sexual intercourse? ( 427)

Yes		1
No	Go to RI15_4	2
Don't know/Not sure	Go to RI15_4	7
Refused	Go to RI15_4	9

RI15\_3. The last time you had sexual intercourse, was the condom used... ( 428)

	<b>Please Read</b>	
	To prevent pregnancy	1
	To prevent diseases like syphilis, gonorrhea, and AIDS	2
	For both of these reasons	3
	or	
	For some other reason	4
Do not read	Don't know/Not sure	7
these responses	Refused	9

RI15\_4. Some people use condoms to keep from getting infected with HIV through sexual activity. How effective do you think a properly used condom is for this purpose? ( 429)

Would you say:	<b>Please Read</b>	
	Very effective	1
	Somewhat effective	2
	Or	
	Not at all effective	3
Do not read	Don't know how effective	4
these responses	Don't know method	7
	Refused	9

RI15\_5. How many new sex partners did you have during the past 12 months?

( 430-431)

**A new sex partner**  
is someone the  
respondent had  
sex with for the  
**first time in the**  
past 12 months

Number [ <b>76 = 76 or more</b> ]	— —
None	8 8
Don't know/Not sure	7 7
Refused	9 9

RI15\_6. In the past five years, have you been treated for a sexually transmitted or venereal disease?

( 432)

Yes		1
No	<b>Go to RI15_8</b>	2
Don't know/Not sure	<b>Go to RI15_8</b>	7
Refused	<b>Go to RI15_8</b>	9

RI15\_7. Were you treated at a health department STD clinic?

( 433)

Yes		1
No		2
Don't know/Not sure		7
Refused		9

RI15\_8. Due to what you know about HIV, have you changed your sexual behavior in the past 12 months?

( 434)

Yes		1
No	<b>Go to Closing Statement</b>	2
Don't know/Not sure	<b>Go to Closing Statement</b>	7
Refused	<b>Go to Closing Statement</b>	9

RI15\_9. Did you make any of the following changes in the past 12 months? ( )

a. Did you become abstinent? (435)

Yes (go to RI15_9b)	1
No (go to RI15_9c)	2
Don't know/Not sure (go to RI15_9c)	7
Refused (go to RI15_9c)	9

b. Are you abstinent now? (436)

Yes (Go To Closing Statement)	1
No	2
Don't know/not sure	7
Refused	9

c. Did you decrease the number of your sexual partners? (437)

Yes	1
No	2
Don't know/not sure	7
Refused	9

d. Do you now have sexual intercourse with only the same partner? ( 438)

Yes	1
No	2
Don't know/Not sure	7
Not applicable	8
Refused	9

e. Do you now always use condoms for protection? ( 439)

Yes	1
No	2
Don't know/Not sure	7
Not applicable	8
Refused	9

## Closing Statement

That's my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.